

anterior operation of Wölfler was used in each case. Three patients of the seven who recovered have had regurgitations of bile following the ingestion of food, but without any particular distress. Aside from the inconvenience resulting from this occurrence, the patients have all done well, and Montaz regards the duodeno-jejunostomy of Jaboulay as useless and dangerous.

The two jejunostomies were performed for the relief of patients suffering from very extensive cancer of the stomach, in whom alimentation had become impossible. The jejunum was identified, and an artificial opening was made in it precisely as if it had been the stomach. Through the opening thus made the patient was fed, and each lived for some months.

The exploratory sections were all done upon patients suffering from single or multiple cancers. All stood the operation well, and in some there was a marked amelioration of their symptoms for a time.

These good results which M. Montaz has obtained he attributes to careful antisepsis. The field of operation was prepared in the following way: Vigorous brushing with microcidine, then sublimate lavage, and finally a strong solution of carbolized glycerin, which was allowed to remain in place for ten minutes before the operation was begun. Microcidine has the advantage of not affecting the instruments.—*Transactions of the French Congress of Surgery*, 1894.

HENRY P. DE FOREST (Brooklyn).

**II. Case of Diffuse Suppurative Peritonitis following a Perforating Appendicitis conducted to Recovery.** By Dr. BERGER (Paris). The author has opened the abdominal cavity many times for the condition of diffuse septic peritonitis due to a perforation of the appendix, yet in only one case has a recovery been secured. This case he reported to the Society of Surgery of Paris, July 25, 1894. The fortunate termination he attributed to a systematic and complete washing out of the peritoneal cavity which he was able to make through three separate incisions, and by subsequent multiple drainage of the cavity. The patient was a young man,

twenty-one years of age. The symptoms of appendicitis and of general peritonitis had already been present for three days. The abdomen was opened by the usual lateral incision in the right iliac region, and a large quantity of turbid and flocculent liquid at once escaped. No adhesions among the intestines had formed. A perforation in the appendix at the level of its insertion into the cæcum was found, but the state of the parts did not make excision of the appendix practicable. The cavity of the pelvis was filled with thicker and more fetid fluid and pus. From the region of the umbilicus and of the left iliac fossa large quantities of fetid turbid fluid escaped. Everywhere the peritoneal surface was gluey and covered with flocculent exudate. To more certainly cleanse the abdominal cavity, a second incision was made in the linea alba above the umbilicus, and a third in the left iliac region. Through each of these incisions, in succession, a glass tube was carried into the most distant recesses of the peritoneal cavity and copious streams of warm sterilized water were made to flow through them until the injected water returned almost entirely clear. Through each of these incisions a large rubber drainage-tube surrounded with salol gauze was then introduced, one penetrating to the left flank, a second to the bottom of the pelvis, and the third to the right iliac fossa, where the cæcum and the appendix were surrounded with strips of the salol gauze so as to shut off as much as possible the primary seat of infection. The patient bore the operation well; but for some days continued to vomit everything swallowed. The belly became more and more distended; no gas or fæces escaped by the anus; on the third day the tampons were withdrawn from the linea alba and from the left iliac fossa, and that in the right side was changed, no fluid escaping. The fourth day all the symptoms were increased in gravity; on the fifth day delirium supervened; on the sixth day, after a copious enema, the situation entirely changed for the better. Copious evacuations resulted, followed by diarrhœa; the tympanites subsided and the vomiting ceased. Attempts at feeding at first provoked new vomiting and it was not until the twelfth day that liquid food was borne. From this time a steady convales-

cence.—*Bulletins et Mémoires de la Société de Chirurgie de Paris*, 1894, t. xx, p. 625.

**III. Experimental Appendicitis; some Researches as to the Mechanism of Perforation of the Appendix.** By M. Roux (Lausanne). The mechanism of perforation of the appendix is little known; it has been attributed to an ulceration caused by the presence of a calculus, to an ulcerative lesion caused by compression of the vessels, to a dilatation of the appendix from retention of mucus, and, finally, to an infective process.

M. Roux has studied the question experimentally, and chose swine as suitable subjects. The colon was drawn out, the cæcum isolated, and an artificial appendix made by passing a row of parallel silk threads around it just beneath the serous coat, and drawing them moderately tight. Farther up in the cæcum an incision was made, and through this foreign bodies were introduced. Sixty-seven swine, and two dogs were thus operated upon; the two dogs died in twenty-four hours from gangrenous peritonitis. Two swine also died from faulty technique; the others bore the operation with scarcely any reaction.

The results as to a formation of an artificial appendix were good. The silk cut through, and was passed from the anus, the pocket persisted. At the end of some months the foreign body had disappeared, the mucous membrane was found to be intact. In a single case a suppurating appendicitis was produced.

The presence of a foreign body alone, therefore, was not sufficient to cause perforation; some other factor must be added. M. Roux thinks that upon the occurrence of a traumatism or a chill the mucosa becomes turgid, presses firmly upon the foreign body, and the circulatory disturbances which result ultimately lead to gangrene and perforation.—*Transactions of the French Congress of Surgery*, 1894.

**IV. The Radical Cure of Umbilical Hernia, with a Series of Twenty-nine Cases (Eighteen Umbilical, Eleven Epigastric.** M. LUCAS-CHAMPONNIÈRE (Paris). Umbilical and epi-